Karis Counseling, LLC
Ashley Brewster, MA, LPC-I
Adolescents, Women, & Family Therapy
(713) 444-2227
kariscounseling@comcast.net

INFORMED CONSENT FOR TREATMENT

Confidentiality: What you reveal in my office is kept confidential with the exceptions described in the Privacy Notice given at the first session. Your health information will not be disclosed without your written consent.

Appointments: Schedule or reschedule appointments on-line at www.kariscounseling.com (Click at top to open e-calendar for available times).
Please reschedule or cancel appointments 24 hours in advance.
Please reserve questions related to sessions until the next appointment time.
For urgent messages, please me at 713-444-227.

Emergencies: For medical emergencies, call 911 or go to your nearest emergency room. Crisis Hotline: 713-468-5463. For medication questions or side effects, please call your psychiatrist or primary care physician.

Psychotherapy: Our relationship is a professional one, though it may be a close relationship. Clients may experience uncomfortable feelings or thoughts in the process of counseling, possibly affecting relationships with others temporarily. Spiritual issues may enter discussions at your request, and no values are allowed to be imposed on any client.

Payment Policy: Session fee is $100/hr. I will provide you with a diagnostic form you may use in filing out-of-network benefits with your insurance company.

I have been given information regarding HIPAA privacy policy including:

* my rights and responsibilities as a client
* the limits of confidentiality of my record (given at session)
* the advantages and disadvantages of the treatment recommended

I understand I am choosing to enter treatment, and that I may discontinue at any time.
I understand that I may also contact the licensing board which regulates my therapist's professional practice.
I understand that spiritual discussions may be included in sessions at my request.

Signature of Participant or Legal Consenter Date

Parent or Guardian:
I hereby state that I am the natural parent or legal guardian of the participant; therefore, I am authorized to make this request for and give my consent to the treatment and services mentioned in this form.

Signature Date